



## NOTARIZED AFFIRMATION OF ZERO INCOME

I, \_\_\_\_\_, affirm that I have no income at this time.  
When my income commences, I will immediately notify the City of Chandler Housing Division.

The information I have provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT, AS TO ANY MATTER WITHIN ITS JURISDICTION, MISREPRESENTATION OF ANY INFORMATION IS GROUNDS FOR INELIGIBILITY/TERMINATION OF HOUSING ASSISTANCE.**

STATE OF ARIZONA

COUNTY OF MARICOPA

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of, \_\_\_\_\_ 200\_

by \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Commission expires

Zero income complete packet revised 07/02/2007

# ZERO INCOME BUDGETING WORKSHEET

<b>INCOME</b>	<b>EXPENSES</b>
Adjusted monthly income from wages: <div style="text-align: right;">\$ _____</div>	Estimated monthly rent: <div style="text-align: right;">\$ _____</div>
Additional income from SS, SSI, AFDC, Pensions, etc: <div style="text-align: right;">\$ _____</div>	Estimated monthly utilities: Electric: <span style="float: right;">\$ _____</span> Gas: <span style="float: right;">\$ _____</span> Water/Trash: <span style="float: right;">\$ _____</span>
Additional income from family members/part time employment or occasional employment: <div style="text-align: right;">\$ _____</div>	Additional Expenses to be considered: <div style="text-align: right;">                         Car payments: \$ _____                          Car insurance: \$ _____                          Health insurance: \$ _____                          Property insurance: \$ _____                          Medical Bills: \$ _____                          Food expenses: \$ _____                          Educational expenses: \$ _____                          Telephone: \$ _____                          TV Cable: \$ _____                          Childcare expenses: \$ _____                     </div>
Other:	Other:
Other:	Other:
<b>TOTAL INCOME \$ _____</b>	<b>TOTAL EXPENSES \$ _____</b>

**TOTAL INCOME:**      \$ \_\_\_\_\_

**TOTAL EXPENSES:**      \$ \_\_\_\_\_

**BALANCE:**      \$ \_\_\_\_\_

Based on this estimate, do you feel you will be able to afford to maintain the property, other miscellaneous costs and expenses that are not estimated above?    Yes ☐    No ☐

\_\_\_\_\_  
Signature (Name)

\_\_\_\_\_  
Date



## INCOME QUESTIONNAIRE

Please answer each question and return to your housing specialist by the due date listed in the cover letter. Incomplete Questionnaires will not be accepted.

Client: \_\_\_\_\_ Account Number: \_\_\_\_\_

1. If employed during the past 12 months, fill out the following information:  
(Attach additional page if necessary)

a. Employer: \_\_\_\_\_ Salary: \_\_\_\_\_  
Period of time employed: \_\_\_\_\_

b. Reason for leaving: \_\_\_\_\_

2. If received benefits during the past 12 months, fill out the following information:

a. Benefits received from: \_\_\_\_\_ Amount: \_\_\_\_\_  
(\*see list of examples below, #4)

b. Period of time benefits were received: \_\_\_\_\_

c. Reason you are no longer receiving benefits: \_\_\_\_\_  
\_\_\_\_\_

3. Did you file federal / state income tax returns for the previous year? ☐ Yes ☐ No

4. Have you applied for any of the following benefits? If yes, state the results of your application for that benefit.

\*A. TANF ☐ Yes ☐ No

\_\_\_\_\_

\*B. General Assistance (GA) ☐ Yes ☐ No

\_\_\_\_\_

\*C. Unemployment Compensation ☐ Yes ☐ No

\_\_\_\_\_

\*D. Social Security ☐ Yes ☐ No

\_\_\_\_\_

\*E. Supplemental Security Income (SSI) ☐ Yes ☐ No

---

\*F. Alimony ☐ Yes ☐ No

---

\*G. Child Support ☐ Yes ☐ No

---

\*H. Education And Scholarship Stipends/Grants ☐ Yes ☐ No

---

\*I. Other Public Assistance ☐ Yes ☐ No

---

\*J Workmen's Compensation ☐ Yes ☐ No

---

\*K. Military Pensions ☐ Yes ☐ No

---

L. Other\_\_\_\_\_ ☐ Yes ☐ No

---

5. Do you receive money / support from families or friends? ☐ Yes ☐ No

If Yes, amount received: \_\_\_\_\_ How often: \_\_\_\_\_

6. Are you looking for a job? ☐ Yes ☐ No

If no, explain why not:

---

---

---

7. Do you have any of the following assets?

- a. Checking / savings account: ☐ Yes ☐ No Amount \_\_\_\_\_
- b. Certificate of Deposit: ☐ Yes ☐ No Amount \_\_\_\_\_
- c. Stocks / Bonds: ☐ Yes ☐ No Value \_\_\_\_\_
- d. Property: ☐ Yes ☐ No Value \_\_\_\_\_
- e. Other \_\_\_\_\_

8. Do any family members or friends live with you? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

9. Do you own a car? ☐ Yes ☐ No If yes, how do you pay for registration fees, repairs, gas?

\_\_\_\_\_

10. Do you ride the bus? ☐ Yes ☐ No If yes, how do you pay for bus fare?

\_\_\_\_\_

11. Do you have any installment loans? ☐ Yes ☐ No If yes, how do you pay your monthly bill?

\_\_\_\_\_

\_\_\_\_\_

12. How do you obtain food?

\_\_\_\_\_

\_\_\_\_\_

If you receive food stamps, how do you pay for non-food items?

\_\_\_\_\_

13. Do you have a phone (i.e, cell phone or phone at home)? ☐ Yes ☐ No If yes, how do you pay your monthly bill?

\_\_\_\_\_

\_\_\_\_\_

14. How do you pay for your utilities (i.e., electricity, gas, water, trash/sewer)?

---

---

15. How do you pay for cable television or satellite television?

---

---

16. How do you obtain medical care?

---

---

17. How do you obtain clothing?

---

---

18. Comments:

---

---

I certify that the information provided in this questionnaire is true and complete to the best of my knowledge.

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT, AS TO ANY MATTER WITHIN ITS JURISDICTION, MISREPRESENTATION OF ANY INFORMATION IS GROUNDS FOR INELIGIBILITY / TERMINATION OF HOUSING ASSISTANCE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date